

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008298

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** DIVERSIFIED FINANCIAL SERVICES OF CHARLOTTE COUNTY LLC

**Current Principal Place of Business:**

4055 TAMIAMI TR, STE 28  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

4055 TAMIAMI TR, STE 28  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 26-4164235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAZQUEZ, WALTER O  
150 W. MCKENZIE STREET, #111  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** VAZQUEZ, WALTER O  
**Address:** 150 W. MCKENZIE STREET, #111  
**City-St-Zip:** PUNTA GORDA, FL 33950

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** WALTER O. VAZQUEZ

MAN

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date